

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 1-4-02.
- b. The request was received on 5-11-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Preauthorization letter dated 1-4-02
 - e. Medical Records
 - f. A Request for additional documentation was faxed to the Provider on 6-10-02.
There is no response to the request for additional documentation noted in the file.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 6-10-02. There is no Carrier sign sheet, nor was there a Carrier initial or 14 day response to this medical fee dispute noted in the file. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted.
2. Respondent: No Response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-4-02.
2. The Carrier has denied the dispute service as reflected on the EOBs as, "A – Pre-Authorization Not Obtained"; "M360 – Reduced to Fair and Reasonable, ALLOWANCE FOR THIS PROCEDURE WAS MADE AT THE 'FAIR AND REASONABLE' AMOUNT FOR THIS GEOGRAPHICAL AREA";

MDR: M4-02-3553-01

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
1-4-02	E0748 NU	\$4,995.00	\$3,246.75	A, M360	No MAR	MFG: Durable Medical Equipment (DME) Ground Rules; HCPCS Descriptor	<p>The Carrier has denied the disputed service as "A, M360".</p> <p>Pursuant to the DME ground rules, "...DME items should be billed at the usual and customary rate of the DME provider, and the insurance carrier shall reimburse the DME provider at an amount pre-negotiated between the provider and carrier, or if there is no pre-negotiated amount, the fair and reasonable rate for the item described."</p> <p>The denial codes of "A and M360" are a moot point as the preauthorization letter reflected that the carrier had agreed on a pre-negotiated cost of \$4,495.75.</p> <p>The carrier has made a payment of \$3,246.75. Therefore, additional reimbursement is recommended in the amount of \$1,249.00.</p>
Totals		\$4,995.00	\$3,246.75				The Requestor is entitled to reimbursement in the amount of \$1,249.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,249.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of October 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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